Grant Award No. **CFDA No.** NA		North Dakota Department of Health 600 East Boulevard Ave-Dept. 301 Bismarck, ND 58505-0200 **NOTICE OF GRANT AWARD**
Budget Period From:	Through:	

Title of Project/Program: Physician Loan Repayment Program

Health Dept. Grant Code: 1231

Grantee Name and Address: Contact Name: Telephone:	**North Dakota Department of Health Program Director:** Telephone:

Financial Information	**Health Dept. Share**	**Grantee Share Required**	**Total Project Costs**
Amount of Financial Assistance	$0	$0	$0
Previous Funds Awarded	$0	$0	$0
Total Funds Awarded to Date	$0	$0	$0

All Grant Award payments are processed upon receipt of expenditure reports unless otherwise specified in Special Conditions.

Scope of Service:
The grantee agrees to provide full-time medical services for a minimum of four years in the community identified in the application as approved by the Health Council; maintain licensure to practice medicine in North Dakota; and accept Medicare and Medicaid patients as specified on the application form.

Reporting Requirements:

Special Conditions:
Grantee must have practiced at least six months on full-time basis before any loan repayment may be made.

The loan repayment funds may not be used to satisfy other service obligations under similar programs.

If the grantee breaches the loan repayment program contract by failing to begin or failing to complete the obligated service, the grantee is liable for twice the total uncredited amount of any loan repayment herein contracted. Any damages must be paid to the Department within one year of the breach. Any amounts not paid within one year from the date of breach are subject to the collection process and may be recovered through deductions in Medicaid payments or other collection methods. Damages recoverable include all interest, costs and expenses incurred in collection, including attorney's fees if allowable under law. Damages collected must be prorated among the state and involved community.

Any financial obligation of the Department of Health arising out of this loan repayment contract and any obligation of the grantee that is conditioned thereon, is contingent on funds being appropriated by the legislature for loan repayment under North Dakota Century Code Chapter 43-17.2.

Remarks: Payment schedule as follows:

This contract is not effective until fully executed by both parties.

Evidence of Grantee's Acceptance		**Evidence of Departmental Acceptance**	
Signature	Date	Signature	Date
Typed Name and Title of Authorized Representative		**Typed Name and Title of Authorized Representative** Arvy Smith, Deputy State Health Officer	
Signature	Date	Signature	Date
Typed Name and Title of Authorized Representative		**Typed Name and Title of Authorized Representative** Darleen Bartz, Health Resources Section	

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